



FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1. File Number U - <u>12138</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>WILLIAM</u> <u>T</u> <u>CAGNEY</u> P.O. Box, Bldg., Room No., if any Street <u>300 SALINE STREET</u> City <u>PITTSBURGH</u> State <u>Pennsylvania</u> ZIP Code + 4 <u>15207</u>	4. Name, file number, and address of labor organization. Name <u>OPERATING ENGINEERS LU 95 95A</u> Labor Organization File Number <u>037-173</u> P.O. Box, Building and Room Number, if any Street <u>300 SALINE STREET</u> City <u>PITTSBURGH</u> State <u>Pennsylvania</u> ZIP Code + 4 <u>15207</u>
5. Position in labor organization. <u>BUSINESS MANAGER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

Date

Telephone Number

Name of Person Filing WILLIAM CAGNEY		File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name THE GENERAL PENSION PLAN</p> <p>Trade Name, if any: INTERNATIONAL UNION OF OPER ENG</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1125 17TH STREET N.W.</p> <p>City WASHINGTON</p> <p>State District of Columbia ZIP Code + 4 20036</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>THE GENERAL PENSION PLAN (GPP) COVERS THE OFFICERS/STAFF OF IUOE LOCAL UNIONS AND RECEIVES CONTRIBUTIONS (\$10.7 MILLION IN 2004) FROM SUCH LOCALS; THE GPP PAYS RENT TO THE IUOE AND REIMBURSES CERTAIN ADMINISTRATIVE EXPENSES INCLUDING SALARIES, FRINGE BENEFITS, POSTAGE AND PHONE (TOTAL OF RENT AND ALL REIMBURSEMENTS FOR 2004 WAS APPROX. \$318,000).</p>
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	<p>11.b. Approximate dollar value of such dealing. \$11,000,000</p>
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	<p>12.a. Nature of interest held or income received.</p> <p>REIMBURSED AIRFARE, HOTEL, ETC. FOR BOARD MEETINGS ATTENDED AS A TRUSTEE</p>
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	<p>12.b. Amount. \$1,913</p>
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name KILLIAN ASSET MANAGEMENT CORPORATION</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1250 W.NORTHWEST HIGHWAY SUITE 600</p> <p>City PALATINE</p> <p>State Illinois ZIP Code + 4 60067</p>	<p>14.a. Nature of payment.</p> <p>COOKIES AND BROWNIES DURING 2004 HOLIDAY SEASON</p>
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<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. \$35</p>
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Name of Person Filing WILLIAM CAGNEY	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input style="width: 90%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 60%;" type="text"/></p> <p>Street <input style="width: 90%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 30%;" type="text"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input style="width: 90%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 60%;" type="text"/></p> <p>Street <input style="width: 90%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 30%;" type="text"/></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
	<p>11.b. Approximate dollar value of such dealing.</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
	<p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
	<p>12.b. Amount.</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input style="width: 90%;" type="text" value="HIGHMARK BLUE CROSS BLUE SHIELD"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 60%;" type="text"/></p> <p>Street <input style="width: 90%;" type="text" value="FIFTH AVENUE PLACE"/></p> <p>City <input style="width: 80%;" type="text" value="PITTSBURGH"/></p> <p>State <input style="width: 20%;" type="text" value="Pennsylvania"/> ZIP Code + 4 <input style="width: 30%;" type="text" value="15222"/></p>	<p>14.a. Nature of payment.</p> <p>ENTERTAINMENT, GOLF OUTING ON MAY 24TH, 2004, TOTAL BENEFIT = \$287</p> <p>ENTERTAINMENT, TICKETS TO A PLAY ON JULY 14TH 2004, TOTAL BENEFIT = \$267</p> <p>ENTERTAINMENT, GOLF OUTING OM AUGUST 31ST, 2004, TOTAL BENEFIT = \$172</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; padding: 5px; text-align: right;">\$726</div>

Name of Person Filing WILLIAM CAGNEY	File Number U-
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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p>_____</p> <p>11.b. Approximate dollar value of such dealing. _____</p> <p>12.a. Nature of interest held or income received.</p> <p>_____</p> <p>12.b. Amount. _____</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name METROPOLITAN LIFE INSURANCE COMPANY</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street ONE MADISON AVENUE</p> <p>City NEW YORK</p> <p>State New York ZIP Code + 4 10010</p>	<p>14.a. Nature of payment.</p> <p>ENTERTAINMENT: TICKETS TO A PITTEBURGH PENGUINS HOCKEY GAME ON MARCH 4TH, 2004.</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p style="text-align: right;">\$65.</p>

Name of Person Filing WILLIAM CAGNEY	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. <div style="border: 1px solid black; height: 80px; width: 100%;"></div>
	11.b. Approximate dollar value of such dealing. _____
	12.a. Nature of interest held or income received. <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
	12.b. Amount. _____

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name YANNI & COMPANY Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street ONE GATEWAY CENTER, SUITE 600 City PITTSBURGH State Pennsylvania ZIP Code + 4 15222	14.a. Nature of payment. ENTERTAINMENT: GOLF OUTING ON SEPT 13TH, 2004.
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. \$150